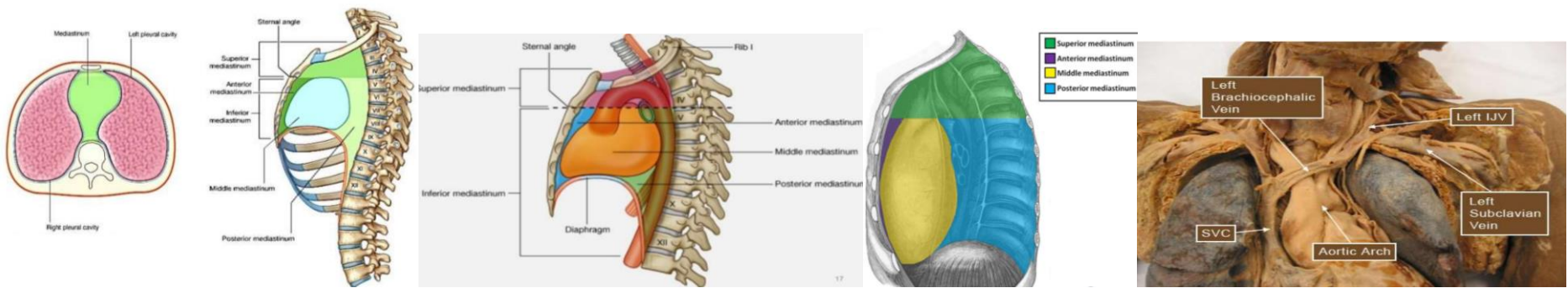
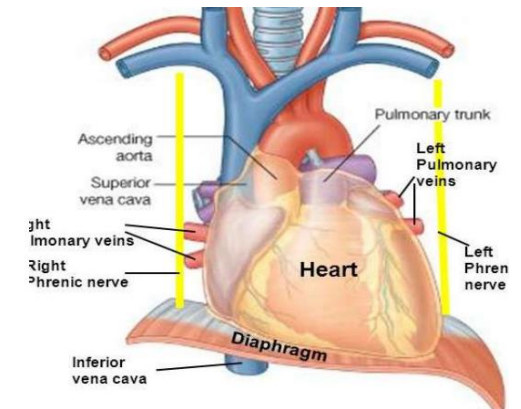
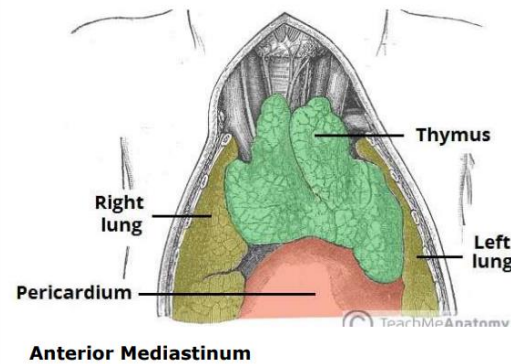
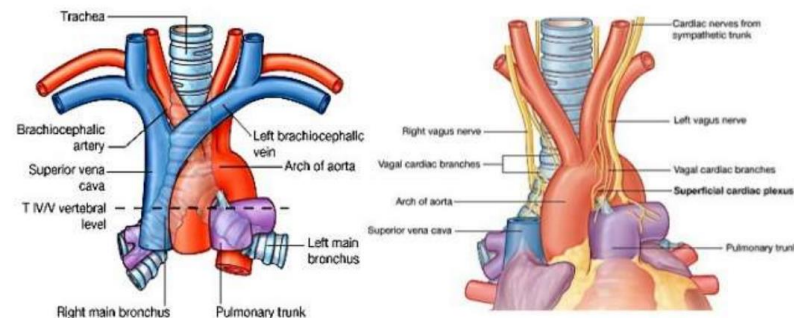


Structure	boundaries					contents
Thoracic cavity	bounded by thoracic cage					1. two pleural cavities (containing lungs) 2. mediastinum
	Anterior	Posterior	Superior	Inferior	laterally	
	1. Sternum 2. Ribs	1. vertebrae 2. Ribs	extends upward into root of neck (one finger breadth above clavicle on each side)	Diaphragm	-	
Mediastinum (region between two pleural cavities)	Sternum	Vertebral column	Thoracic Inlet	Diaphragm	-	Subdivided into: 1. Superior mediastinum 2. Inferior mediastinum Divided an imaginary line from sternal angle to <u>lower border of 4th thoracic vertebra</u> (T4)
Superior mediastinum	manubrium sterni	Upper 4 thoracic vertebrae T1-T4	thoracic inlet	imaginary plane	mediastinal pleura (On each side)	1. Arch of Aorta + branches 2. Brachiocephalic veins and superior vena cava 3. Thoracic duct 4. Thymus 5. Phrenic + vagus nerves 6. Trachea 7. Esophagus
Anterior Mediastinum	sternum	pericardium			-	1. Remains of thymus gland. 2. Superior and inferior sterno-pericardial ligaments 3. Mediastinal branches of internal thoracic artery. 4. lymph nodes.
Posterior mediastinum	1. Pericardium 2. heart	Lower 8 thoracic vertebrae. T5-T12			Mediastinal pleura (on each side.)	1. Descending thoracic aorta (Artery) 2. Azygos vein (Vein) 3. Superior and inferior hemiazygos veins (Vein) 4. Thoracic duct (Lymph) 5. Posterior mediastinal lymph nodes (Lymph) 6. Right and left vagi (Nerve) 7. Esophagus (Tube)
middle mediastinum						pericardial sac which contains: 1. heart 2. roots of great vessels: I. ascending aorta II. pulmonary trunk III. SVC

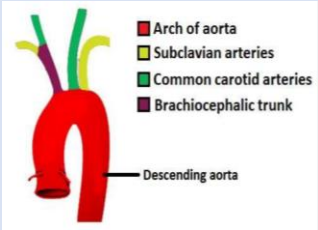
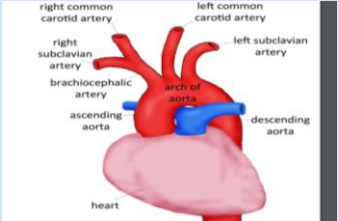
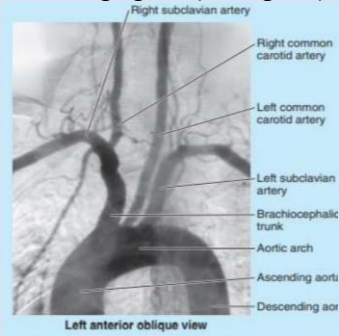
Structure	Divisions
Inferior mediastinum	1. Middle mediastinum (contains heart and pericardium) 2. Anterior mediastinum 3. Posterior mediastinum



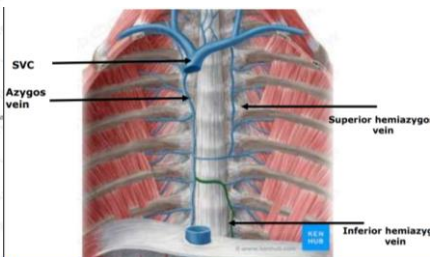
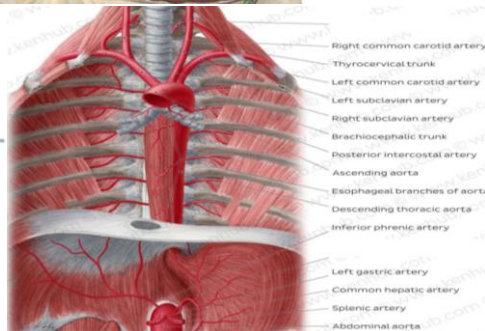
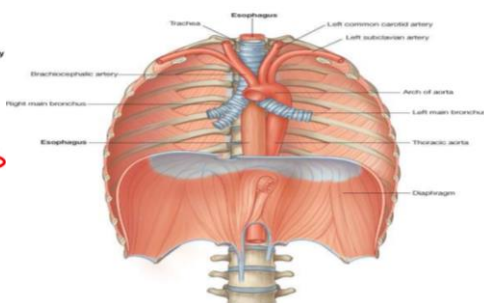
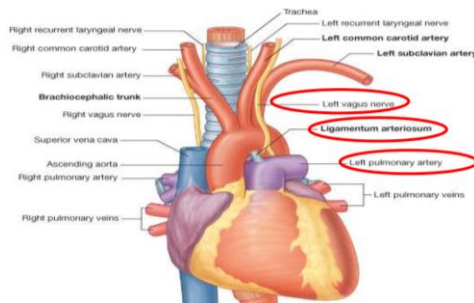
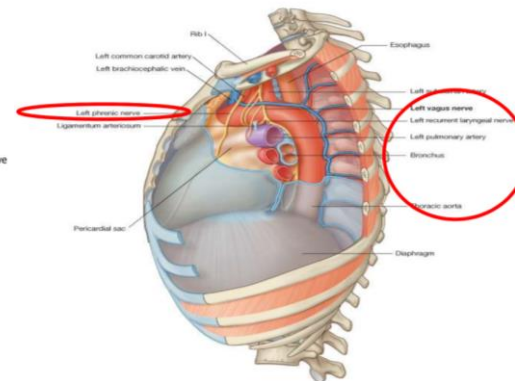
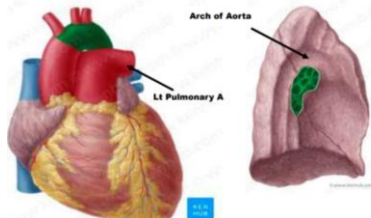
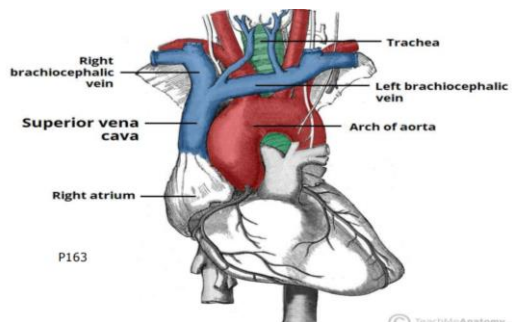
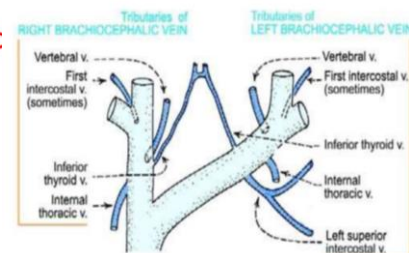
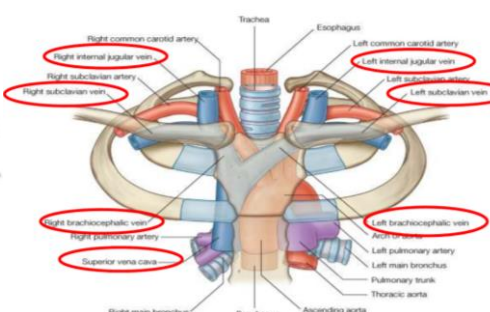
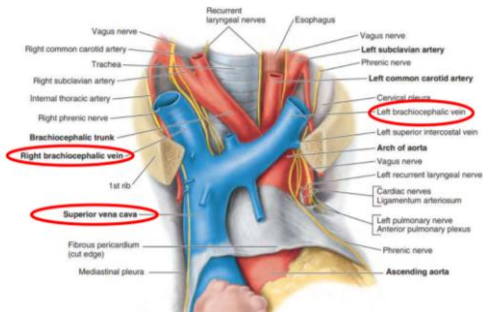
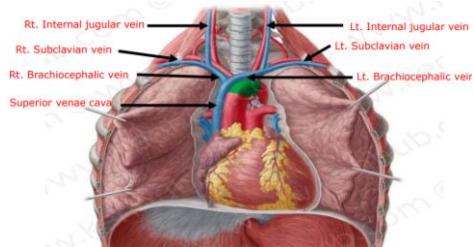
Superior Mediastinum - contents

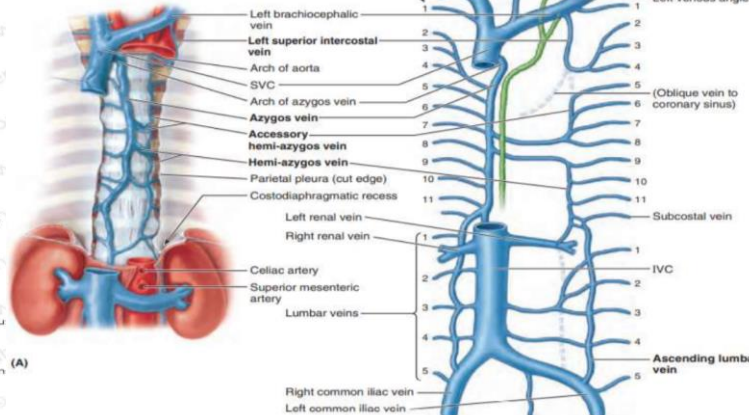
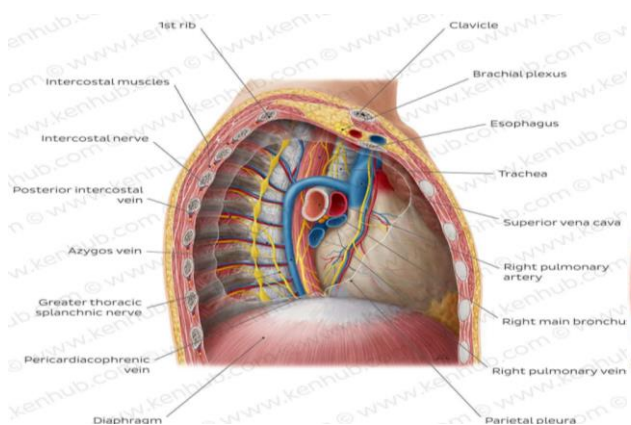
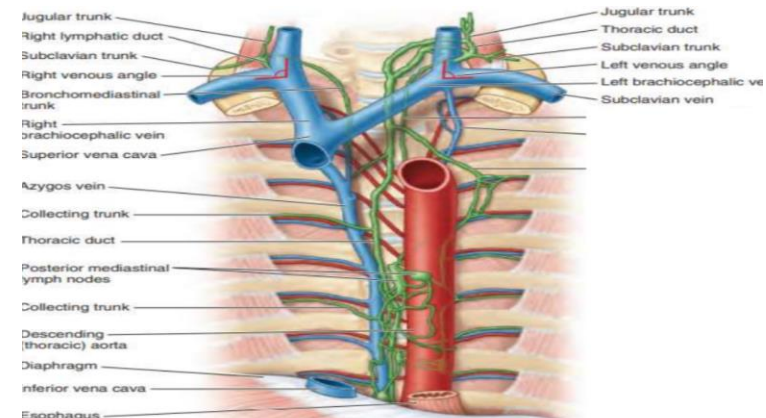
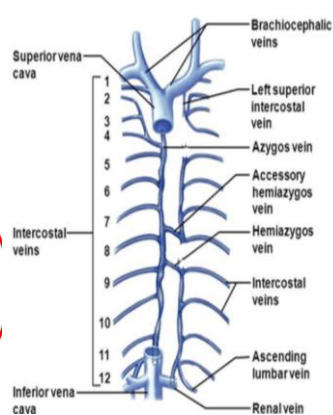
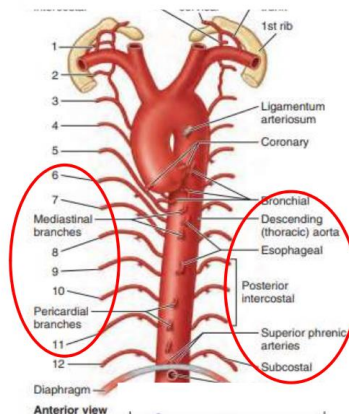
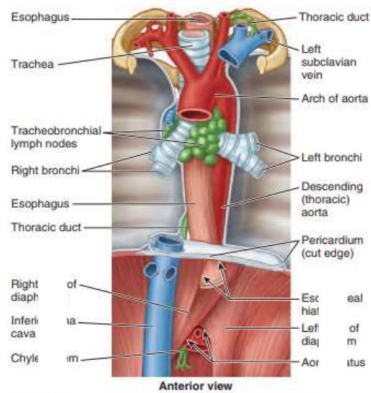


vessel	Formation	beginning	termination	pathway/course	tributaries	relations
Brachiocephalic vein (Right and left)	By union of: 1. internal jugular 2. subclavian veins	Posterior to sternoclavicular joint	1st right costal cartilage (Both right and left join forming superior venae cava)	Left longer because it passes from the left to the right side	Right vein	Left vein
					Right vertebral	Left vertebral
					Inferior thyroid	Inferior thyroid
					Right Internal thoracic	Left Internal thoracic
					Right first posterior intercostal	Left first posterior intercostal
						Left superior intercostal
Superior venae cava	By union of: 1. right Brachiocephalic vein	1st right costal cartilage	3rd right costal cartilage	receives venous return from upper half of body (above diaphragm)	-	-

	2. left Brachiocephalic vein		(enters right atrium of heart)			
Arch of the aorta	-	Right border of sternum at 2nd right costal cartilage	Lower border of T4 vertebra by becoming the thoracic (descending) aorta	<ol style="list-style-type: none"> 1. arches superiorly, posteriorly and to the left, and then inferiorly. 2. The arch ascends anterior to the right pulmonary artery and bifurcation of trachea. 3. passes over root of left lung to become at left side of trachea and esophagus 	<ol style="list-style-type: none"> 1. Brachiocephalic trunk 2. Left common carotid artery 3. Left subclavian artery   <p>Aortic angiogram (aortogram)</p> 	<ol style="list-style-type: none"> 1. Anteriorly and to the left: <ol style="list-style-type: none"> I. left phrenic II. left vagus III. left superior intercostal vein 2. Posteriorly and to the right: <ol style="list-style-type: none"> I. Esophagus II. Trachea III. left recurrent laryngeal nerve IV. thoracic duct 3. Inferiorly: <ol style="list-style-type: none"> I. Bifurcation of pulmonary trunk II. Ligamentum arteriosum. (Remnant of the fetal ductus arteriosus, passes from the root of left pulmonary artery to inferior surface of arch of aorta) III. Superficial cardiac plexus IV. left recurrent laryngeal nerve. V. Left main bronchus
brachiocephalic trunk		arises posterior to manubrium from the aorta	At the right sternoclavicular (SC) joint		divides into: <ol style="list-style-type: none"> 1. right common carotid artery 2. right subclavian artery 	<ol style="list-style-type: none"> 1. arises posterior to manubrium 2. anterior to trachea 3. posterior to left brachiocephalic vein
left common carotid artery:		arises posterior to manubrium		enters neck by passing posterior to the left SC joint .		

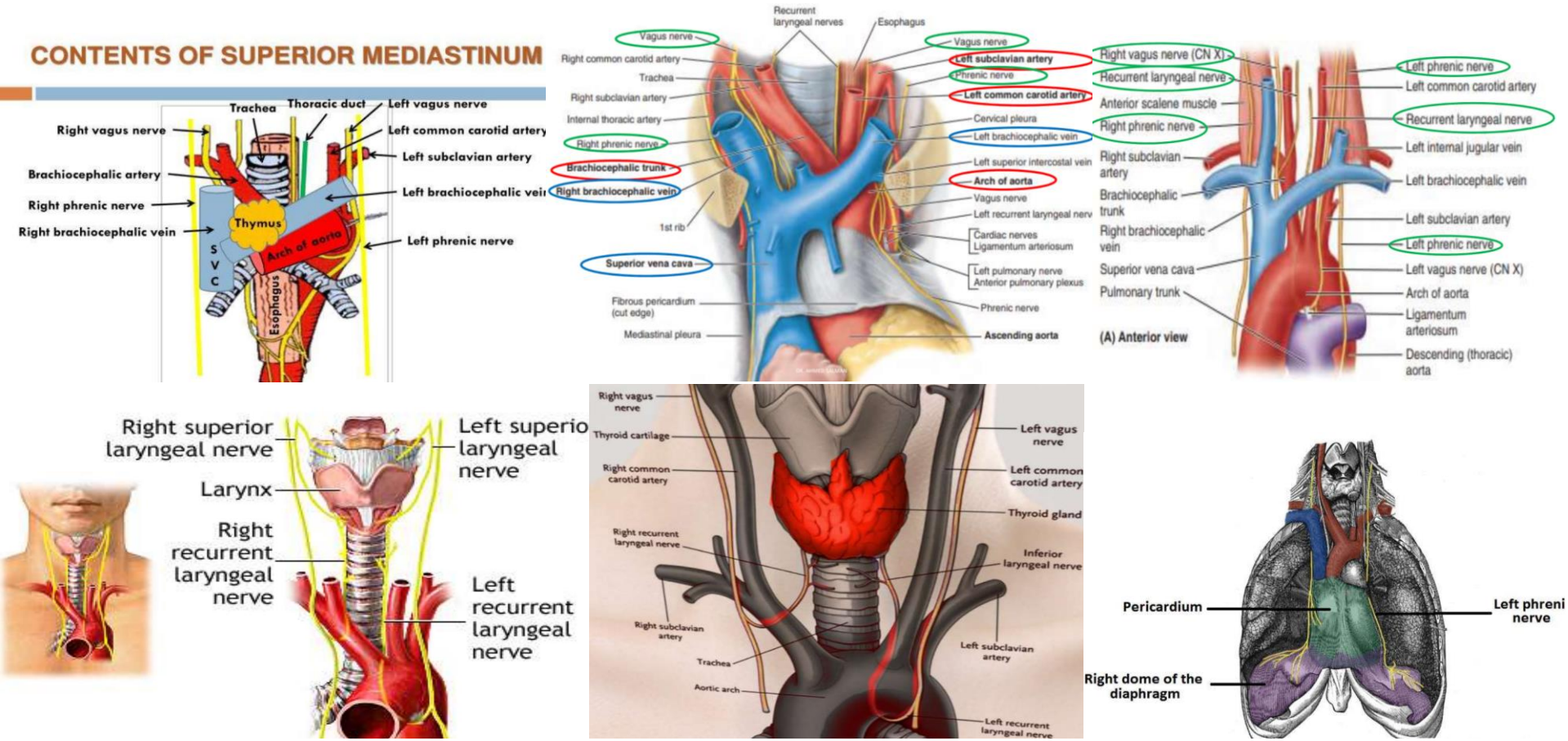
left subclavian artery		arises from posterior part of <u>arch</u> behind left common carotid artery		leaves thorax and <u>enters</u> root of neck by passing posterior to left SC joint .		
Descending thoracic aorta		<u>continuation of arch</u> on the left side of inferior border of body of T4 vertebra	becomes <u>abdominal aorta</u> as it <u>enters abdomen</u> at T12 vertebra through aortic hiatus in <u>diaphragm</u>	<ol style="list-style-type: none"> 1. <u>descends</u> on the posterior mediastinum on the left sides of the T5–T12 vertebrae 2. lies posterior to root of left lung + pericardium. 3. esophagus <u>descends</u> on right side of aorta then <u>crosses</u> Infront of it at level of T7. 	I. Parietal branches: <ol style="list-style-type: none"> 1. Posterior intercostal arteries from 3-11. 2. Subcostal artery. 3. Superior phrenic artery. II. Visceral branches: <ol style="list-style-type: none"> 1. Two left bronchial arteries. 2. Esophageal branches. 3. Pericardial branches. 4. Mediastinal branches. 	
Azygos Vein	Can form by <u>union</u> of: <ol style="list-style-type: none"> 1. right subcostal lumbar vein 2. right ascending lumbar vein 	<ol style="list-style-type: none"> 1. At union point OR 2. From back of IVC opposite L2 (level of renal vein) 	the back of SVC opposite right 2nd costal cartilage .	<ol style="list-style-type: none"> 1. It ascends through aortic opening of diaphragm. 2. Then it ascends in posterior mediastinum till T4 where it arches forwards <u>above</u> right bronchus 	<ol style="list-style-type: none"> 1. Right subcostal vein. 2. Right ascending lumbar vein. 3. Right posterior intercostal veins from 2-11. 4. Superior + inferior hemiazygos veins. 5. Right bronchial veins 6. Esophageal veins 7. Pericardial veins 8. Mediastinal veins 	Clinical note: - Azygos vein is a <u>direct link</u> between SVC and IVC . Thus, can help in cases of thrombosis of SVC or IVC - The azygos vein <u>communicates</u> with the vertebral venous plexuses that drain : <ol style="list-style-type: none"> 1. the back 2. Vertebrae 3. structures in vertebral canal.
Superior hemiazygos vein			At the level of T7 , it curves to the right to <u>end</u> in azygos vein .	It is a longitudinal venous channel that descends on the left side of vertebral body	<ol style="list-style-type: none"> 1. Left posterior intercostal veins from 4-8. 2. Left bronchial veins 	
Inferior hemiazygos vein	Can form by union of: <ol style="list-style-type: none"> 1. left subcostal lumbar vein 2. left ascending lumbar vein 	<ol style="list-style-type: none"> 1. At union point OR 2. From back of left renal vein opposite L2. 	At the level of T8 , it curves to the right to <u>end</u> into azygos vein .		<ol style="list-style-type: none"> 1. Left posterior intercostal veins from 9-11. 2. Left subcostal and left ascending lumbar veins. 	





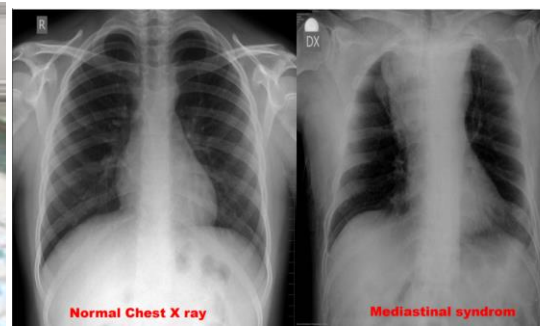
nerve	pathway	branches	notes
Left vagus	It enters mediastinum between left common carotid artery and left subclavian artery . (Passes behind root of lung)	gives left recurrent laryngeal nerve which (hooks around the arch of the aorta + lateral to the ligamentum arteriosum , and ascends in the groove between trachea and esophagus to supply larynx)	
Right vagus	1. Passes on right side of trachea 2. then posterior to right brachiocephalic vein + SVC (Passes behind root of lung)	gives right recurrent laryngeal nerve (hooks around right subclavian artery and ascends between trachea and esophagus to supply larynx)	contributes to: 1. Rt. pulmonary plexus 2. esophageal plexus 3. cardiac plexus
Left phrenic	1. It crosses the left vagus 2. then runs along the fibrous pericardium , the left atrium + ventricle of the heart. 3. It pierces diaphragm to the left of pericardium	-	Phrenic nerves are: 1. motor and sensory nerve supply for the: diaphragm

	(passes anterior to root of lung)		2. sensory to:
Right phrenic	<ol style="list-style-type: none"> passes along the right side of: <ol style="list-style-type: none"> right brachiocephalic vein SVC pericardium over the right atrium descends on the right side of IVC pass through caval opening of the diaphragm. 	-	<ol style="list-style-type: none"> pericardium mediastinal pleura.
	(passes anterior to root of lung)		



syndrome	Definition	Symptoms / Manifestations	cause
Mediastinal syndrome	group of symptoms due to compression of the mediastinal contents by a space-occupying lesion .	<ol style="list-style-type: none"> Dyspnea: Dysphagia: Congestion of veins: 	compression of trachea . compression of esophagus . compression of SVC .

Superior vena cava syndrome (SVCS)	e.g. <u>malignant tumour</u> as lung cancer or non-Hodgkin's lymphoma	4. Ischemia:	compression of branches of arch of aorta .
		5. Hoarseness of voice:	compression on left recurrent laryngeal nerve .
		6. Paralysis of hemi-diaphragm:	compression on phrenic nerve .
		Dyspnea and edema in the face and arms Pemberton sign : Ask the patient to <u>raise both arms above head</u> , facial edema or cyanosis indicates SVCS	Due to obstruction of Superior vena cava



Posterior intercostal veins

Right side		Left side	
number	drainage	number	drainage
1	Into right brachiocephalic vein	1	Into left brachiocephalic vein
2-3 and occasionally 4th	Into (unite) right superior intercostal vein (which drains into arch of azygos)	2-3 and occasionally 4th	Into (unite) left superior intercostal vein (which drains into left brachiocephalic vein)
4-11	Into azygos	4-8	Into superior hemiazygos
		9-11	Into inferior hemiazygos

	Description	layers	Function
Pericardium	fibroserous membrane that covers: 1. <u>heart</u> 2. <u>beginning of great vessels</u>	1. outer tough layer (fibrous pericardium) 2. inner serous layer	1. Restrict excessive movements of heart. 2. Serve as lubricated container in which different parts of heart can <u>contract</u> .

layer	attachment				Function	Description
	Superiorly	Inferiorly	Anteriorly	Posteriorly		
fibrous pericardium (outer tough layer)	Continuous with tunica adventitia of <u>great vessels</u>	Continuous with central tendon of diaphragm (pericardiophrenic ligament)	Attached to posterior surface of sternum by sternopericardial ligaments	Bound by loose connective tissue to structures in the posterior mediastinum	1. heart bonded in place inside fibrous sac. 2. <u>protects</u> heart against sudden overfill	- tough conical outer sac of pericardium. - firmly attached to diaphragm . - fuses with outer coats

layer	Layers (2 layers + space)	Description
serous layer	1. parietal layer of serous pericardium	lines the inner surface of the fibrous pericardium

(thin transparent double layered sac that lies within fibrous pericardium)

2. Visceral layer

3. Pericardial sac

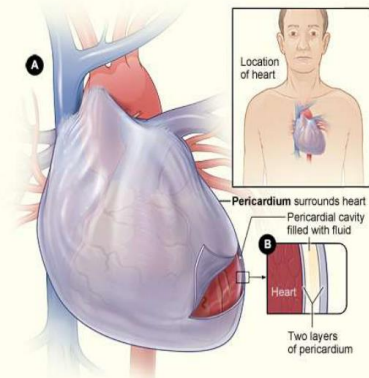
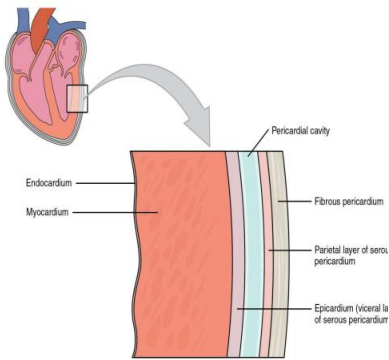
reflection of parietal layer at great vessels:

1. aorta 2. pulmonary trunk and veins 3. superior and inferior venae cavae

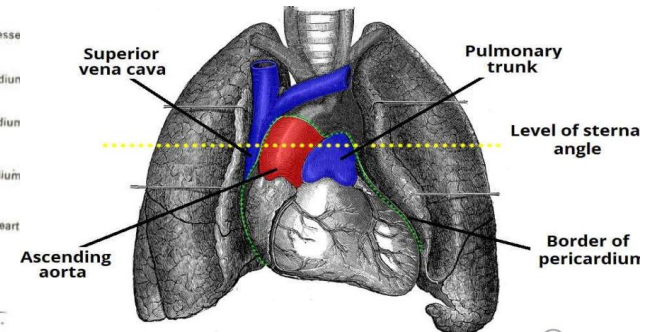
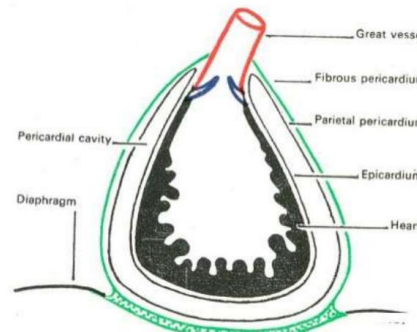
This layer Adheres to heart and forms its outer covering = epicardium (outermost of three layers of heart wall)

- space between the 2 layers of serous pericardium.

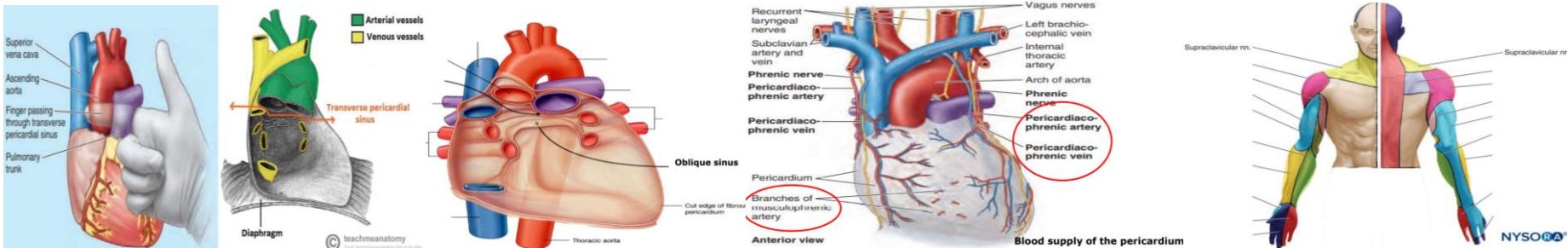
- Contains a thin film of fluid that acts as a lubricant for movements of the heart



Layers of Pericardium



Pericardial sinuses (reflection of pericardial parietal and visceral layers)	Anterior	Posterior	Inferior	Clinical importance
Transverse sinus	1. Ascending aorta 2. pulmonary trunk	SVC	Atria of the heart	In cardiac surgery: after pericardial sac opened anteriorly -> finger can be passed through transverse pericardial sinus posterior to ascending aorta and pulmonary trunk. 1. By passing a surgical clamp / ligature around these large vessels -> 2. inserting tubes of coronary bypass machine -> 3. tightening ligature ==> surgeons can stop / divert the circulation of blood in these arteries while performing cardiac surgery i.e. coronary artery bypass grafting.
Oblique sinus	Visceral pericardium covering back of left atrium	Parietal pericardium covering esophagus	Opened and continuous with pericardial cavity	Superior Reflection of visceral to become parietal pericardium Laterally Pericardial reflection surrounding pulmonary veins and IVC



supply/drainage of the pericardium		Origin/branched from/tributary from
Arterial supply	<ol style="list-style-type: none"> 1. Pericardiophrenic artery 2. Musculophrenic artery (Smaller contributions of blood) 3. Bronchial + esophageal + superior phrenic arteries 4. Coronary arteries (visceral layer of serous pericardium only). 	slender branch of the internal thoracic artery (main blood supply) terminal branch of internal thoracic artery . branches of thoracic aorta
Venous drainage	Pericardiophrenic veins	tributaries of brachiocephalic (or internal thoracic) veins
Nerve supply	Phrenic nerves (primary source of sensory fibers) (Pericardial pain sensations is referred to skin of ipsilateral supraclavicular region , top of shoulder of same side (C3–C5 dermatomes => is supplied by supraclavicular nerves)	(C3–C5)

Medical issue	Description / definition	Notes
Pericarditis	inflammation of pericardial sac which cause chest pain	pain usually occurs behind the breastbone / on left side of chest . The pain may: <ol style="list-style-type: none"> 1. Spread to left shoulder and neck 2. Get worse when coughing, lying down or taking a deep breath 3. Get better when sitting up or leaning forward
Pericardial effusion	increase of fluid between the parietal and visceral layers of the pericardium	Pericardiocentesis : pericardial effusion is usually removed by inserting a needle in left 5th / 6th intercostal spaces close to sternum to avoid piercing left lung and pleura .
Cardiac tamponade	a rapid accumulation of excess fluid within the pericardial sac --> leads to compression of heart and heart failure .	

